

Wisconsin Department of Regulation & Licensing

Mail To: P.O. Box 8935
Madison, WI 53708-8935

FAX #: (608) 267-3816
Phone #: (608) 266-2112

1400 E. Washington Avenue
Madison, WI 53703
E-Mail: web@drl.state.wi.us
Website: <http://www.drl.state.wi.us>

DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING REAL ESTATE APPRAISERS BOARD

INSTRUCTIONS FOR OBTAINING TEMPORARY REGISTRATION AS A REAL ESTATE APPRAISER

The enclosed APPLICATION FOR TEMPORARY REGISTRATION (Form #2061) is being sent in response to your request.

An appraiser who holds a current appraiser certificate in another state may use the titles described under sec. 458.055, Stats., when performing an appraisal in this state, if all of the following apply:

1. The appraisal is performed in a federally related transaction.
2. The appraiser's practice in this state is practice of a temporary nature.
3. The appraiser completes the application and pays the fee specified in sec. 440.05(2), Stats.

The term "practice of a temporary nature" is defined by the Department to mean the performance of one or more appraisals by an appraiser conducted for purposes of completing a specific appraisal assignment.

To obtain temporary registration, you will need to submit all of the following:

1. APPLICATION FOR TEMPORARY REGISTRATION (Form #2061);
2. Written verification of current appraiser licensure or certification submitted by an authorized state official for each state where you hold an appraiser license or certification. A photocopy of your license is not acceptable as verification; and
3. Fee in the amount listed below. Your check should be made payable to the Department of Regulation and Licensing.

Certified General Appraiser	\$162.00
Certified Residential Appraiser	\$167.00
Licensed Appraiser	\$185.00

If performing real estate appraisals for federally transactions in Wisconsin on a regular basis, you should apply for a real estate appraiser credential. Please contact our office for the application information packet.

You will be held accountable for compliance with the appraiser standards as specified in the WISCONSIN STATUTES AND ADMINISTRATIVE RULES RELATING TO THE PRACTICE OF REAL ESTATE APPRAISAL. If you wish to obtain a copy, please submit a written request for the publication and enclose a check or money order for \$5.28 made payable to the Department of Regulation and Licensing.

If you have any questions, please contact our office.

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APPLICATION FOR TEMPORARY REGISTRATION AS A REAL ESTATE APPRAISER

Under Wisconsin law, the Department must deny your application if you are liable for delinquent state taxes or child support (sec. 440.12, Stats.).

PLEASE TYPE OR PRINT IN INK

☐ Your name and address are available to the public.
Check box if you wish your name & address withheld from lists of 10 or more credential holders (sec. 440.14, Stats.).

Last Name	First Name	MI	Former / Maiden Name(s)
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Your Street Address (number, street, city, state, zip)

Mail To Address (if different)

Date of Birth ____ month ____ day ____ year	Daytime Telephone Number (____) _____ - _____
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Ethnic/gender status information is optional. Sex: ☐ M ☐ F Ethnic: ☐ White, not of Hispanic origin ☐ Black, not of Hispanic origin ☐ Hispanic ☐ American Indian or Alaskan ☐ Asian or Pacific Islander ☐ Other

Have you ever held a license/credential in the state of Wisconsin? ____ Yes ____ No (please indicate)

If yes, provide your Wisconsin license/credential number. _____

1. Provide the name of each state in which you were granted a real estate appraiser credential, the credential number, date granted, and the expiration date. Submit an original verification completed by each state where you hold an appraiser license or certification.

Name of State	Title of Credential	Credential Number	Date Granted	Expiration Date
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Have you ever been issued a temporary registration in Wisconsin? If yes, please indicate type and number.

2. Provide a brief description of the project which is part of a **federally related transaction** (i.e. location, approximate size, whether commercial or residential property).

Please make check payable to Department of Regulation and Licensing and attach to this application.

- ☐ Certified General Appraiser
\$162.00 Fee
☐ Certified Residential Appraiser
\$167.00 Fee
☐ Licensed Appraiser
\$185.00 Fee

For Receiving Use Only

Wisconsin Department of Regulation & Licensing

3. Anticipated Starting and Completion Dates: _____
4. Provide the name, address and telephone number of the lender requesting the appraisal.

5. STATEMENT OF ARREST OR CONVICTION:

(Attach additional sheets if necessary)

YES NO

- | | | |
|---|--------------------------|--------------------------|
| A. Have you ever been convicted of a misdemeanor or a felony, or driving while intoxicated (DWI), in this or any other state, or are criminal charges currently pending against you? If yes, complete and attach Form #2252. | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Have you ever surrendered, resigned, cancelled or been denied a professional license or other credential in Wisconsin or any other jurisdiction? If yes, give details on an attached sheet, including the name of the profession and the agency. | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Has any licensing or other credentialing agency ever taken any disciplinary action against you, including but not limited to, any warning, reprimand, suspension, probation, limitation or revocation? If yes, attach a sheet providing details about the action, including the name of the credentialing agency and date of action. | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Is disciplinary action pending against you in any jurisdiction? If yes, attach a sheet providing details about pending action, including the name of the agency and status of action. | <input type="checkbox"/> | <input type="checkbox"/> |
| E. Have any suits or claims ever been filed against you as a result of professional services? If yes, submit a copy of the claim or suit and a copy of the final settlement or disposition. | <input type="checkbox"/> | <input type="checkbox"/> |
| F. Do you currently hold, or have you in the past held, any credential (license) issued by the Department of Regulation and Licensing or any of the Boards? If yes, what type of credential? _____ And if in another name, what name? _____ | <input type="checkbox"/> | <input type="checkbox"/> |

Note: An arrest or conviction does not automatically disqualify an applicant. Consideration of the record by the board is subject to sec. 111.321, 111.322, and 111.335, Stats.

6. AFFIDAVIT OF APPLICANT:

I state that I am the person referred to on this application and that all the answers set forth are strictly true in each respect. I further state that I am not currently subject to any appraiser certification or licensure disciplinary proceeding in any state and that my license or certificate is fully valid and in good standing. I understand that any information provided by me in connection with this application which constitutes a material misstatement of fact may be grounds for denial of my application, revocation of my credential or other disciplinary action. I also understand that if I am issued a credential, failure to comply with the provisions contained in ch. 458, Stats., or any rule promulgated under that statute may be grounds for disciplinary action.

Signature of Applicant

Date

Wisconsin Department of Regulation & Licensing

SOCIAL SECURITY NUMBER. Your social security number (or employer identification number if you are applying as a business entity) must be submitted with your application on this form. If you do not have a social security number you must submit a statement under oath or affirmation. If your social security number or a statement is not provided, your application will be denied.¹ A form for submitting a statement that you do not have a social security number is available from the department.

(Please Print)

First Name Middle Initial Last Name

Profession

Date of Birth

month

day

year

- -

Social Security Number or FEIN

The Department may not disclose the social security number collected above except to the Department of Workforce Development for purposes of administering the child and spousal support program,² to the Department of Revenue for the purpose of determining whether you are liable for delinquent taxes,³ and to the federal Healthcare Integrity and Protection Data Bank for the purpose of reporting adverse actions against health care practitioners.⁴

¹ Section 440.03 (11m), Wis. Stats.

² Sections 49.22, and 440.13, Wis. Stats.

³ Section 440.12, Wis. Stats.

⁴ Health Insurance Portability and Accountability Act (HIPAA) of 1996

This form is authorized by secs. 440.12 and 440.14, Wis. Stats. Making a false statement in connection with this application may result in revocation or denial.

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CONVICTIONS AND PENDING CHARGES

If you have been convicted of a crime or have criminal charges pending against you, complete this form and return it with your application. Include a \$6.00 Crime Information Bureau report fee in addition to your original application fees.

The Fair Employment Act (sections 111.31-111.395, Wis. Stats.) prohibits employment discrimination on the basis of conviction record or arrest record unless the circumstances of the conviction or arrest substantially relate to the circumstances of the particular job or licensed activity. The information requested on this form will be used to determine whether your application should be granted, approved with limitations, or denied. The information you provide on this form may be verified against criminal information records. Omission of information on this form will be considered a false statement on an application.

Profession you are applying for: _____

Last Name	First Name	MI	Former / Maiden Name(s)
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Your Street Address (number, street, city, state, zip) _____

Mail To Address (if different) _____

Date of Birth	Social Security Number
_____ month day year	_____ Information helps us identify your record, but is voluntary. It is not available to the public.

Ethnic/gender information is required to check criminal information records. Sex: ☐ M ☐ F Ethnic: ☐ White, not of Hispanic origin ☐ Black, not of Hispanic origin ☐ Hispanic ☐ American Indian or Alaskan ☐ Asian or Pacific Islander ☐ Other

1. List all other names used: _____
2. List all felonies, misdemeanors, and other violations of state or federal law of which you have ever been convicted, in this state or any other, whether the conviction resulted from a plea of no contest or a guilty plea or verdict. For each, list the date and location of the conviction. Please include all convictions that involved alcohol or other drug use, including convictions for operating while intoxicated. Do not include municipal ordinance violations or other traffic offenses.

It is your responsibility to submit certified copies of the police report or criminal complaint, judgment of conviction and sentencing, and verification of your compliance with all terms of each sentence, including chemical dependency assessments if ordered by the court. If the conviction is old and records have been destroyed, you must submit a written description of each offense, along with an explanation of the penalties imposed and verification that you completed all requirements.

<u>OFFENSE</u>	<u>DATE</u>	<u>CITY/STATE</u>

Attach additional sheet(s) if necessary.

Wisconsin Department of Regulation & Licensing

3. Have you ever been sentenced by a court to participate in an alcohol or other drug assessment, treatment or counseling program? YES NO MO/YR COMPLETED
☐ ☐ _____
Did you successfully complete the program? ☐ ☐ _____
Please attach the certificate of completion/discharge summary.

- (Check all that apply)
4. Have you ever been sentenced to: YES NO MO/YR COMPLETED
☐ Probation ☐ ☐ _____
☐ Parole ☐ ☐ _____
☐ Ordered to pay restitution ☐ ☐ _____
Did you successfully complete one of the above as ordered by the court? ☐ ☐ _____

If you are currently on probation or parole, you must request your probation/parole officer to send a letter describing your current probation/parole requirements and your compliance with supervision.

5. List all felonies, misdemeanors, or other violations of state or federal law for which you have been arrested and which are **pending**. Submit a copy of the police report/criminal complaint for each of the following pending charges.

<u>PENDING CHARGE</u>	<u>DATE OF ARREST</u>	<u>LOCATION OF ARREST (city/state)</u>
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Comments you wish to make regarding your convictions or pending charges. Attach another sheet if necessary.

AFFIDAVIT OF APPLICANT

I state that I am the person referred to in this document and that all the information which I provided above is true in every respect. I understand that false or forged statements made in this document in connection with my application for a credential, or failing to provide relevant information, may be grounds for denial of the application, revocation of the credential granted to me, or criminal prosecution. This document must be signed before a notary public.

Signature

State of _____ County of _____

Signed and sworn before me this _____ day of _____, 20____ by _____
(applicant's name)

Signature of Notary Public

My commission (is permanent) _____ expires _____.

SEAL



ICF

State of Wisconsin

DEPARTMENT OF REGULATION AND LICENSING



CORRESPONDENCE / MEMORANDUM

DATE: _____ AMOUNT OWED: _____

NAME: _____

PROFESSION APPLYING FOR: _____

SOCIAL SECURITY NUMBER: _____

CARD HOLDER'S
CURRENT ADDRESS: _____

CARD HOLDER'S
DAYTIME PHONE NUMBER FOR QUESTIONS: _____

I AUTHORIZE THE STATE OF WISCONSIN, DEPARTMENT OF REGULATION AND
LICENSING TO CHARGE MY CREDIT CARD WITH THE FOLLOWING DOLLAR
AMOUNT _____.

CREDIT CARD NUMBER: _____

EXPIRATION DATE: _____ CREDIT CARD TYPE: _____

CARD HOLDER'S SIGNATURE: _____

OTHER THINGS COVERED IN THIS AMOUNT ARE: _____

Please fill in all the above information LEGIBLY and fax this sheet back to 608-267-1803.

If you have questions and need to contact us directly, please call 608-266-0627.